

Safety Observation Report

Date: _____ Time: _____ Supervisor: _____

Observation: _____

Action Taken:

Immediate Corrective Action: _____

Action to Prevent Recurrence: _____

Indirect Cause: _____

Corrective Action: _____

Commitment: _____

Further Action or Help Needed? _____

Signature: _____

Safety Means Awareness Responsibility & Teamwork